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Bib Data Sheet

CONFIRMATION NO. 9784

<b>SERIAL NUMBER</b> 09/888,532	<b>FILING DATE</b> 06/25/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 951130.90011
<b>APPLICANTS</b> Thomas D. Doerr, St. Louis, MO; Kevin Stehlin, St. Charles, MO; <i>R.D.R</i>				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/825,969 04/04/2001 <i>R.D.R</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..</b> <i>R.D.R</i> <b>** 07/27/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 21
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 26710				
<b>TITLE</b> Physician decision support system with rapid diagnostic code identification				
<b>FILING FEE RECEIVED</b> 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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